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## TRANSMITTAL

FORM
(to be used for all correspondence after initial filing)

Application Number	09/963,698
Filing Date	September 26, 2001
First Named Inventor	Barany et al.
Group Art Unit	1639
Examiner Name	P. Ponnaluri
Attorney Docket Number	19603/3355 (CRF D-1595E)

Total Number of Pages in This Subn	nission 19	Attorney Docket Number	19603/3355 (CRF D-1595E)							
ENCLOSURES (check all that apply)										
Fee Transmittal Form Fee Attached Amendment / Reply (\$	(for an Drawin Declara Licensi Petition Applica Change (\$\simes 2 \text{ Term} \square Reques CD, No.	tion and Power of Attorney ag-related Papers (\$) to Convert to a Provisional	□ After Allowance Communication to Group □ Appeal Communication to Board of Appeals and Interferences □ Appeal Communication to Group (\$) (Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter □ Application Data Sheet □ Request for Corrected Filing Receipt with Enclosures ☑ A self-addressed, prepaid postcard for acknowledging receipt ☑ Check in the amount of \$710.00 □ Other Enclosure(s) (please identify below)							
Incomplete Application (\$	Missing Remarks	The Commissioner is he required or credit any overpasove identified docket num	hereby authorized to charge any additional fees payments to Deposit Account No. 14-1138 for the inber.							
. SI	GNATURE OF APP	ICANT, ATTORNEY, O	PR AGENT							
Individual name  CI Re	Michael L. Goldman Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600									
Signature	Lulul.	Registration No. 30,727								
Date	August	3,2005								
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  I hereby certify that this correspondence is being:  deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450  transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703)  August 9, 2005  Date  Signature  Wendy L. Barry  Typed or printed name										

R868367.1

Parties and 12	/0°/2004		Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 09/963,698			8 (JPE)				
FEE TRANSMITTAL		Filing Date		September	nber 26, 2001		5			
FOR FY 2005		First Named I	Inventor	Barany et		• • •	2005 6			
Applicant claims small entity sta	atus. See 37 CFF	R 1.27	Examiner Name P. Ponnalu			ıri 🦩	Žė,	E)		
TOTAL AMOUNT OF PAYMENT	Γ (\$)		Art Unit	Art Unit 1639		uri TRADEMEN				
			Attorney Doc	ket No.	19603/335	55 (CRF D-				
METHOD OF PAYMENT (check all that apply)										
Check										
□ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP										
For the above-identified depo		Director is hereb	y authorized to	•	at apply) rge fee(s) indic	cated below a	veent for th	o filing foo		
☐ Charge any additional f		yments of fee(s)			lit any overpay	•	xcept for th	t ining ice		
under 37 CFR 1.16 and WARNING: Information on this for		o nublia. Credi	t aaud informa	ition should n	ot bo includo	d on this foun	n Duarida (	amadit aamd	information	
and authorization on PTO-20238.	orm may become	e public. Credi	t card informa	snould n	ot be included	on this form	1. Provide c	redit card	intormation	
FEE CALCULATION										
1. BASIC FILING, SEARCH										
	FILING F		SEARC	CH FEES		AMINATION				
Application Type	<u>Sn</u> Fee (\$)	nall Entity Fee (\$)	Fee (\$)	Small Entit Fee (\$)	<u>Y</u> <u>Fee (</u> S		ell Entity See (\$)	Fee	s Paid (\$)	
Utility	300	150	500	250	200		100			
Design	200	100	100	50	130		65			
Plant	200	100	300	150	160		80			
Reissue	300	150	500	250	600		300			
Provisional	200	100	0	0	0		0			
2. EXCESS CLAIM FEES Fee Description							!	Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50							25			
Each independent claim over 3 or, for	r Reissues, each i	independent clair	m more than in	the original pa	ntent			200	100	
Multiple document claims  Total Claims	Extra Claims	Fe	e (\$)	Fee Paic	1(\$)	Multiple Dep	endent Clai	360 ms	180	
24 - 31 or HP =	0	х	=			Fee (\$)	Fee Paid			
HP =- highest number of total claims	paid for, if great	er than 20			-					
Indep. Claims  1 - 3 or HP =	Extra Claims 0	<u>Fe</u> x	<u>e (\$)</u>	Fee Paic	<u>i (\$)</u>					
HP =- highest number of independent										
3. APPLICATION SIZE FE	E									
	ation and drawing reach additional							ity)		
Total Sheets	Extra Sheets		umber of each				Fee (\$	<u>a</u>	Fee Paid (\$)	
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4. OTHER FEE(S)									Fees Paid (\$)	
Non-English Specification,	\$130 fee (1	no small entity d	iscount)						<del> </del>	
Other:										
SUBMITTED BY										
Signature	l Lu	Delle	Registration N (Attorney/Age		27	Telephone	(585) 263	-1304		
Name (Print/Type) Michael L. Goldman				Date August 9,7005						
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Signature: Wendy L. Barry										